

PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT

Jo Murray
11/30/07

SECTION A

1. Company Name St. James' Hospital

2. Permit Number if applicable: 20210002-1

3. Location: 155 Jefferson Street, Newark NJ, 07105

4. Mailing Address: same

5. Person to contact concerning information provided in this application:

Name of Contact Official: William L. Vazquez

Title: CEO Phone Number: (973) 465-2796

Address: same

6. Number of Employees: Full Time: 400 Part Time: 50

Number of Work Days Per Year: 365

Number of Shifts Per Day: 3

If property is owned indicate block and lot number(s): Block # 190
Lot #s 8-12, 17, 18, 40, 42

7. If property is rented indicate name and address of owner:

N/A

8. List NJDES Permit number, if applicable, N/A and name
of receiving body of water entered N/A

INDUSTRIAL		
81100	81150	81200
OCT 26 2007		
81250	82050	82100

SECTION B**WATER DATA**

9. Water Source: (all appropriate answers)

Purchased Y - NWell Y - N If Y, is it metered Y - NRiver Y - N If Y, is it metered Y - N10. Name of purchased water supplier: City of NewarkList all Account #s: 002036111. Water Received From: Month 3 Year 2006 Through: Month 2 Year 2007.

(* Next to a figure means it is estimated.)

	Purchased	Well	River	Total
1 st Quarter	3,150,576	N/A	N/A	3,150,576
2nd Quarter	3,217,148	N/A	N/A	3,217,148
3rd Quarter	2,805,000	N/A	N/A	2,805,000
4 th Quarter	2,384,624	N/A	N/A	2,384,624
GRAND TOTAL (report in gallons)				11,557,348

12. Water Use and Disposition (*Next to a figure means it is estimated.)

	Gallons Sanitary/Combined Sewer	Discharged Stormsewer/River/ Ditch	Gallons Used/Other
Sanitary Service Only	8,783,585		
Process Waste Water	2,195,896		
Cooling Water			
Evaporation			577,867
Contained in the product			
Other (Describe)			
GRAND TOTAL	11,557,348		

SECTION B (continued)

13. Process wastewater which is discharged as above is metered as follows:

to the Separate Sanitary Sewer No
 to the Combined Sewer No
 to a storm sewer No
 river or ditch No

14. Waste Hauler Information List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	ICC#	Waste type handled
Interstate Waste Services of NJ, Inc.	P.O. Box 288, Sloatsburg, NY		General Garbage Waste
Stericycle, Inc.	28161 N. Keith Dr., Lake Forest, NY	19713	Medical Waste

SECTION C**OPTIONAL CHARACTERISTICS**

15. Discharge of Industrial Waste is continuous 24 hrs. or intermittent
NA each operating day.

If the discharge is intermittent, it occurs between the following hours: N/A

16. Brief description of Manufacturing or other activity performed: Hospital (Healthcare)

List SIC CODE #: 8062

17. Principal Raw Materials Used: N/A

18. Principal Products or Services: Healthcare Services

19. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc. Include variations in product lines which affect waste characteristics: N/A

Does this facility shutdown for vacations? No If so, is it basically the same time each year? N/A

Please provide dates usually shut down N/A

SECTION D**MONITORING**

20. Describe any pretreatment process or effluent monitoring system in use:

Outlet N/A _____

 Outlet _____

 Outlet _____

21. Sampling information:

Outlet	Contains Ind. Waste	Sampler Type	Refrigerated
1	YES	SIGMA 900	NO
2	YES	SIGMA 900	NO
3	N/A	N/A	N/A
4	N/A	N/A	N/A

SECTION D (continued)

23. Volume Information:

Outlet	Daily Flow (Gallons)	Metered (Yes or No)	Type	Date
1	24,065	NO	N/A	N/A
2	6,016	NO	N/A	N/A
3	N/A	N/A	N/A	N/A
4	N/A	N/A	N/A	N/A

24. Frequency of calibration of each flow meter: N/A

25. Attach a plot plan of the property showing:

- a. All existing or proposed sewer and drain lines (including outlets to a storm-sewer, river or ditch).
- b. Sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter(s); Flowmeter(s).
- c. Details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

SECTION E**ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET #: 20210002-1

Report to the nearest unit: XX. except where indicated with (1) Example: .15 mg/l			Report to the nearest hundredth: 0.XX except where indicated Example: 0.36 mg/l		
Code	Parameter	Value	Code	Parameter	Value
0200*	Radioactivity (PL-1)	NA	1097*	Antimony (Sb)	NA
0500	Total Solids	323 mg/L	1002*	Arsenic (As)	NA
0505	Volatile Solids	143 mg/L	1022*	Boron (B)	NA
0530	Total Suspended Solids	48 mg/L	1027*	Cadmium (Cd)	< 0.001 mg/L
0540	Volatile Suspended Solids	44 mg/L	1034*	Chromium Total (Cr)	NA
0555	Petroleum Hydrocarbons	10.4 mg/L	1042*	Copper (Cu)	0.045 mg/L
0310	Biochemical Oxygen Demand (BOD)	330 mg/L	1045*	Iron (Fe)	0.72 mg/L
			1051*	Lead (Pb)	< 0.002 mg/L
0340	Chemical Oxygen Demand (COD)	425 mg/L	0720*(3)	Cyanide (CN)	< 0.02 mg/L
			1900*	Mercury (Report to 0.XXX)	< 0.0005 mg/L
0680	Total Organic Carbon (TOC)	97.7 mg/L	1067*	Nickel (Ni)	< 0.004 mg/L
			1147*	Selenium (Se)	NA
9000	pH (standard unit range)	6.18 mg/L	1092*	Silver (Ag)	NA
0610	Ammonia as N	6.46 mg/L	1077*	Tin (Sn)	NA
0550	Total Oil & Grease	28.4 mg/L	1092*	Zinc (Zn)	0.084 mg/L
0745*	Sulfide	NA	2730	Phenol	< 0.05 mg/L
0507*	Ortho Phosphates as P	NA	4053*	Pesticides (Report to 0.XXX)	NA
0625*	Kjeldahl N as N	NA	999*(3)	TTVO (Report to 0.XXX)	NA
9998*	TTO (Report to 0.XXX)	NA			

FOOTNOTES:

(1) Report results to the nearest tenth, i.e., 1.6 mg/L.

(*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.

(2) See instructions.

(3) Grab sample required.

NA - Not Analyzed

SECTION E (continued)

Samples collected by: Enviro-Sciences, (of Delaware) Inc

111 Howard Boulevard, Suite 108, Mt. Arlington, NJ 07856 Date: June 1, 2007

Samples analyzed by: Integrated Analytical Laboratories (IAL) .

273 Franklin Road, Randolph, NJ 07869, Certified Lab ID# 14751 Date: June 1, 2007

Products being manufactured when sample was collected: N/A

27. Who performs the analyses of the samples for User Charge: (IAL)

28. Is the Laboratory certified by the NJDEP to conduct all the analyses: Yes X No _____

29. Who performs the analyses of the samples for the Pretreatment Parameters?

N/A

(If monitoring has not commenced for Pretreatment, indicate

Laboratory you plan to use. If unknown, so state): N/A

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

N/A

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1, 2 & 3 is present in your discharge.

SECTION F**PRETREATMENT**

32. Industrial Category: Healthcare

33. Subpart(s): _____

34. Compliance date(s): N/A

35. Is facility in compliance? N/A If not, and if compliance date has passed, explain actions being taken to get into compliance: N/A

36. Date Baseline monitoring Report (BMR) submitted to PVSC: N/A

37. Compliance schedule submitted? N/A If yes, is facility on schedule N/A Explain if compliance date will not be met: N/A

38. Does this facility come under the Resource Conservation and Recovery act (RCRA)?

No

39. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan? If yes, describe:

N/A

39. Has this facility ever been cited by NJDEP or EPA for a violation of State or Federal Regulations for the nature of its wastewater discharge? Yes _____ No X

40. Is this facility under an ECRA Cleanup? No If so, has a plan been approved by NJDEP: N/A Is there any plan to discharge groundwater? No


CERTIFICATION*:

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete, and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: William L. Vazquez
PRINT

Title: CEO

Date: 9/18/07 Signature: 

***APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:**

- a. **Principal Officer of Corporation**
- b. **President or Owner of Company**
- c. **General Partner, if a Partnership**
- d. **Plant Manager or Authorized Representative**

TABLE 2 EPA HAZARDOUS SUBSTANCES
CHECK APPROPRIATE BOX

Acenaphthene				X	2,4 dimethylphenol				X
Acrolein				X	2,4 dinitrotoluene				X
Acrylonitrile				X	2,6 dinitrotoluene				X
Benzene				X	1,2 diphenylhydrazine				X
Benzidine				X	Ethylbenzene				X
carbon tetrachloride (tetrachloromethane)				X	Flouranthene				X
Chlorobenzene				X	4-chlorophenyl phenyl ether				X
1,2,4-trichlorobenzene				X	4-bromophenyl phenyl ether				X
Hexachlorobenzene				X	bis(2-chloroisopropyl) ether				X
1,2 dichloroethane				X	bis(2-chloroethoxy) methane				X
1,1,1 trichloroethane				X	methylene chloride (dichloromethane)				X
Hexachloroethane				X	methyl chloride (chloromethane)				X
1,1 dichloroethane				X	methyl bromide (bromomethane)				X
1,1,2 trichloroethane				X	bromoform (tribromomethane)				X
1,1,2,2 tetrachloroethane				X	Dichlorobromomethane				X
Chloroethane				X	Trichlorobromomethane				X
bis(chloromethyl) ether				X	Dichlorodifluoromethane				X
bis(2 chloroethyl) ether				X	Chlorodibromomethane				X
2-chloroethyl vinyl ether (mixed)				X	Hexachlorobutadiene				X
2-chloronaphthalene				X	Hexachlorocyclopentadiene				X
2,4,6, trichlorophenol				X	Isophorone				X
parachlorometa cresol				X	Naphthalene				X
chloroform (trichloromethane)				X	Nitrobenzene				X
2 chlorophenol				X	2-nitrophenol				X
1,2,dichlorobenzene				X	4-nitrophenol				X
1,3, dichlorobenzene				X	2,4-dinitrophenol				X
1,4, dichlorobenzene				X	4,6 dinitro-o cresol				X
3,3 dichlorobenzidine				X	N-nitrosodimethylamine				X
1,1 dichloroethylene				X	N-nitrosodiphenylamine				X
1,2, trans-dichloroethylene				X	N-nitrosodi-n-propylamine				X
2,4, dichlorophenol				X	Pentachlorophenol				X
1,2, dichloropropane				X	Phenol				X
1,3, dichloropropylene				X					
(1,3 dichloropropene)				X					
NAME	A	B	C	D	NAME	A	B	C	D
bis(2-ethylhexyl) phthalate				X	Endrin				X
Butylbenzylphthalate				X	endrin aldehyde				X
di-n-butylphthalate				X	Heptachlor				X
di-n-octylphthalate				X	heptachlor (epoxide)				X
Diethylphthalate				X	BHC Alpha				X
Dimethylphthalate				X	BHC Beta				X
benzo(a)anthracene				X	BHC Gamma				X
benzo(a)pyrene				X	BHC Delta				X
3,4 benzofluoranthene				X	PCB-1242				X
benzo(k)fluoranthene				X	PCB-1254				X

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 2 EPA HAZARDOUS SUBSTANCES
CHECK APPROPRIATE BOX

Chrysene				X	PCB-1221				X
Acenaphthylene				X	PCB-1232				X
Anthracene				X	PCB-1248				X
benzo(ghi)perylene				X	PCB-1260				X
Flourene				X	PCB-1016				X
Phenanthrene				X	Toxaphene				X
dibenzo(a,h)anthracene				X	antimony (total)				X
indeno(1,2,3-c,d)pyrene				X	arsenic (total)				X
Pyrene				X	asbestos (fibrous)				X
Tetrachloroethylene				X	beryllium (total)				X
Toluene				X	cadmium (total)				X
Trichloroethylene				X	chromium (total)				X
vinyl chloride				X	copper (total)		X		
Aldrin				X	cyanide (total)				X
Dieldrin				X	lead (total)				X
Chlordane				X	mercury (total)				X
4,4 DDT				X	nickel (total)				X
4,4 DDE				X	selenium (total)				X
4,4 DDD				X	silver (total)				X
Endosulfan 11				X	zinc (total)		X		
Endosulfan sulfate				X	2,3,7,8, tetrachlorodibenzo				X
					p-dioxin				X

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 2 EPA HAZARDOUS SUBSTANCES
CHECK APPROPRIATE BOX

NAME	A	B	C	D	NAME	A	B	C	D
Acrylamide				X	n,n-dimethyl aniline				X
Amitrole				X	3,3-dimethyl benzidine				X
amyl alcohols				X	1,1-dimethylhydrazine				X
aniline hydrochloride				X	dioxane				X
Anisole				X	diphenylamine				X
Auramine				X	ethylenimine				X
Benzotrichloride				X	hydrazine				X
Benzylamine				X	4,4-methylene bis (2-chloroaniline)				X
o-chloroaniline				X	methyl isobutyl ketone				X
m-chloroaniline				X	alpha-naphthylamine				X
p-chloraniline				X	beta-naphthylamine				X
1-chloro-2-nitrobenzene				X	n-methylaniline				X
1-chloro-4-nitrobenzene				X	1,2-phenylenediamine				X
Chloroprene				X	1,4-phenylenediamine				X
Chrysoidine				X	sudan 1 (solvent yellow 14)				X
Cumene				X	thiourea				X
2,3-dichloroaniline				X	toluene sulfonic acids				X
2,4-dichloroaniline				X	toluidines				X
2,5-dichloroaniline				X	xylydines				X
3,4-dichloroaniline				X					
3,5-dichloroaniline				X					
1,3-dichloropropene				X					
1,3-dimethoxybenzidine				X					

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 2 EPA HAZARDOUS SUBSTANCES
CHECK APPROPRIATE BOX

NAME	A	B	C	D	NAME	A	B	C	D
acetaldehyde				X	isopropanolamine				X
allyl alcohol				X	kelthane				X
allyl chloride				X	kepone				X
amyl acetate				X	malathion				X
Aniline				X	mercaptodimethur				X
Benzonitrile				X	methozychlor				X
benzyl chloride				X	methyl mercaptan				X
butyl acetate				X	methyl methacrylate				X
Butylamine				X	methyl parathion				X
Captan				X	mevinphos				X
Carbaryl				X	mexacarbate				X
Carbofuran				X	monoethyl amine				X
carbon disulfide				X	monomethyl amine				X
Chloropyrifos				X	naled				X
Coumaphos				X	naphenic acid				X
Cresol				X	nitrotoluene				X
Crotonaldehyde				X	parathion				X
Cyclohexane				X	phenosulfanate				X
2,4-D (2,4-dichlorophenoxy acetic acid)				X	phosgene				X
Diazinon				X	propargite				X
Dicamba				X	propylene oxide				X
Dichlobenil				X	pyrethrins				X
Dichlone				X	quinoline				X
2,2-dichloropropionic acid				X	resorinol				X
Dichlorovos				X	strontium				X
diethyl amine				X	strychnine				X
dimethyl amine				X	stryrene				X
Dinitrobenzene				X	2,4,5-T (2,4,5-trichlorophenoxy acetic acid)				X
Diquat				X	TDE (tetrachlorodiphenylethane)				X

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 2 EPA HAZARDOUS SUBSTANCES
CHECK APPROPRIATE BOX

Disulfoton				X	2,4,5-TP 2-(2,4,5-trichlorophenoxy)				X
Diuron				X	propanoic acid				X
Epichlorohydrin				X	trichlorofon				X
Ethanolamine				X	triethylamine				X
Ethion				X	trimethylamine				X
ethylene diamide				X	uranium				X
ethylene dibromide				X	vanadium				X
Formaldehyede				X	vinyl acetate				X
Furfural				X	xylene				X
Guthion				X	xlenol				X
Isoprene				X	zirconium				X

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

Name of Applicant

TRADE NAME: Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Trade Name/Fictitious Name

BUSINESS ORGANIZATION: Please check the appropriate box:

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Corporation |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe) | |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name:

Street Address:

City, State & Zip Code:

Business Telephone:

Emergency Telephone:

PAST NAMES OF APPLICANT. List **all** names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT'S FORMER FACILITIES IN NEW JERSEY. List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT'S FACILITIES IN OTHER JURISDICTIONS. List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporation's Registered Agent:

Name:

Company Name:

Street Address:

City, State & Zip Code:

Telephone: _____
(Area Code)

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country:

Date:

Certificate of Incorporation No.: _____

Copy of certificate of incorporation attached? _____ Yes _____ No

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date:

OFFICERS. List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

Name: _____ Telephone: _____

Business address: _____

Office <u>held</u>	Date took <u>office</u>	Date of <u>birth</u>
_____	_____	_____

Name: _____ Telephone: _____
(area code)

Business address: _____

Office <u>held</u>	Date took <u>office</u>	Date of <u>birth</u>
_____	_____	_____

DIRECTORS. List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

Name: _____ Telephone: _____
(area code)

Business address: _____

Office <u>held</u>	Date took <u>office</u>	Date of <u>birth</u>
_____	_____	_____

FORMER OFFICERS AND DIRECTORS: List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address:

Position held	From	To (month/year)	Date of birth
_____	_____	_____	_____

SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Bus.Phone

Name:

Street Address:

City, State & Zip Code:

Bus.Phone

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☐ No

TYPE OF ASSOCIATION: Check One

☐ General Partnership ☐ Limited Partnership ☐ Joint Venture

GENERAL PARTNERS OR JOINT VENTURERS. List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name: _____

Street Address: _____

City, State & Zip Code: _____

Telephone: _____

Name: _____

Street Address: _____

City, State & Zip Code: _____

Telephone: _____

LIMITED PARTNERS. List the following information as to each limited. Use additional copies of this section as necessary.

Name: _____

Street Address: _____

City, State & Zip Code: _____

Telephone: _____

Name: _____

Street Address: _____

City, State & Zip Code: _____

Telephone: _____

FORMER PARTNERS/JOINT VENTURERS. List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Telephone:

Dates during which individual was a partner: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____ Telephone _____

Dates during which individual was a partner: _____

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FIVE

(This section to be completed only if the business concern is organized in a form **other than** a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

Type (trust, trade association; estate; etc.)

Copy attached? ☐ Yes ☐ No

OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC. List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. **Use additional copies of this section as necessary.**

Name:

Street Address:

City, State & Zip Code:

Telephone:

Name:

Street Address:

City, State & Zip Code:

Telephone:

SECTION SIX

CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

A. NEW JERSEY VIOLATIONS NOTICES. List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of entity cited: _____ Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket No.: _____

B. FEDERAL VIOLATION NOTICES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. **Use additional copies of this section as necessary.**

Name of entity cited: _____ Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

C. NEW JERSEY MUNICIPALITIES AND COUNTIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of entity cited: _____ Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

D. OTHER STATES AND FOREIGN COUNTRIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of entity cited: _____ Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

SECTION SEVEN**OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION**

(To be completed by all applicants)

A. OTHER JUDGMENTS. List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. **Use additional copies of this section as necessary.**

Title of case:

Docket No.: _____

Name & location
of court: _____Date judgment
entered: _____Nature of
suit: _____Amt./terms of
judgment: _____

B. PENDING SUITS. List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. **Use additional copies of this section as necessary.**

Title of case: _____

Docket No.: _____

Name & location
of court: _____

Date Filed: _____

Nature of
suit: _____

Status: _____

SECTION EIGHT**CRIMINAL CHARGES AND CONVICTIONS**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

NOTE: You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page as necessary.

Name of entity
charged/convicted: _____

Description of
crime/offense charged: _____

Date
Charged: _____

Jurisdiction
Where Charged: _____

Indictment information,
Complaint No., indictment No. etc., _____

Disposition (if applicable,
sentence imposed): _____

Nov. 2. 2007 2:10PM CHARLES FIELD

No. 2816 P. 2

CERTIFICATION

(All applicants must sign and date the
following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated: 11-1-07


Signature

Director Plant Facilities
Print Title & Position

Nov. 2, 2007 2:10PM CHARLES FIELD

No. 2816 P. 1

CATHEDRAL HEALTHCARE SERVICES, INC.
SAINT JAMES HOSPITAL

FAX TRANSMISSION

DATE:

Nov. 2, 2007

PLEASE DELIVER TO:

Mr. Salvatore Biondo

RECIPIENT'S PHONE NO.:

RECIPIENT'S FAX NO.:

973-344-4876

FROM: NAME/DEPT.:

Frank Pasquale
Director, Plant Maint
+OPS

Saint James Hospital
155 Jefferson Street
Newark, New Jersey 07105

The information contained in this **FAX MESSAGE** is intended only for the personal and confidential use of the designated recipients named above. This message may be an attorney-client communication, as such information is **PRIVILEGED AND CONFIDENTIAL**. If the reader of this message is not the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is **STRICTLY PROHIBITED**. If you have received this communication in error please notified us immediately by telephone and returns the original message to us by mail.
THANK YOU!

MESSAGE:

Any question, please callFrank Pasquale,Add to The listTHANKS,of Report.

Thank You.

The following document (s) is transmitted for delivery to the above named individual and consists of 2 pages, including the cover page.

If you have any questions, please contact sender at: 973-465-2796.

CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated:

Signature

Print Title & Position

HOSPITAL USER CHECK OFF LIST					Date: 4/1/06	
Hospital Name: Saint James Hospital						
Address: 155 Jefferson ST. Newark						
Phone #: 973						
Contact: Charles Field				Title: Director		
Discharge Permit #: 20210002						
Inspector (s): Andrew Soltis						
OUTLETS						
Outlet #, Description or Location	Accessible Sample Point (y/n)	Automatic Sampler (y/n)	Can Sampler be sealed (y/n)	Quantity of Wastewater Discharged From Outlet	Sources and Types of Wastewater Discharged From Each Outlet	Expected Pollutants
#1 Kitchen Jefferson ST.	yes	n/a	n/a	40 %	sanitary waste	Bod, TSS, Local Limit
#2 Pharmacy Elm ST.	yes	n/a	n/a	20 %	sanitary waste	Bod TSS, Local Limit 9ph
#3 morgue Congress ST.	yes	n/a	n/a	40 %	sanitary waste	Bod, TSS Local Tph Limit
STORMWATER						
Is any Waste Discharged into Storm Sewer? NO						
If Yes, do they have a permit for this? n/a						
Type of Waste none						
Permit #: n/a						
GENERAL INFORMATION						
Number of Employees: 400						
Number of Beds: 135						
Does Hospital have a laundry on site? NO						
If yes, what outlet does laundry discharge go to? n/a						
Does Hospital have any out-patient facilities? yes						
i.e.-Nursing home: NO						
Nursery: yes						
Other: n/a						

S.P.C.C.:	<i>yes</i>	Date of Approval	<i>2/04</i>
Slug Plan:	<i>yes</i>	Date of Approval	
R.C.R.A. Plan:	<i>n/a</i>		
Year Present Operation Began:	<i>1959</i>		
Does Site or Flow Diagram agree with your findings? If no, explain?			
<i>yes</i>			
PRETREATMENT PROCESSES			
Does Facility have any type of Pretreatment Processes?			
<i>yes</i>			
If yes, which of the following is employed:			
Neutralization:	<i>no</i>	Outlet #:	
Heavy Metal Pretreatment System: (esp. Silver)		Outlet #:	
Oil & Grease System (perhaps in Cafeteria):	<i>grease trap</i>	Other #:	<i>1</i>
Other: <i>silver recovery</i>		Outlet #:	<i>2</i>
Compliance Schedule if Applicable:			
<i>no</i>			
INSTRUMENTATION			
Flow Meter (specify type & reading: gallons ft ³ , etc.)	<i>n/a</i>	Outlet #:	
Flow Meter Recorder (type including decimal place):	<i>n/a</i>	Outlet #:	
Is Flow Meter Non-Resetable (Yes or No)	<i>n/a</i>	Outlet #:	
pH Meter (note reading):	<i>n/a</i>	Outlet #:	
pH Recorder:	<i>n/a</i>	Outlet #:	
Alarms:	<i>n/a</i>	Outlet #:	
pH of Effluent at:		Outlet #:	<i>1-6 / *2-7 / *3-7</i>

SAMPLING PROCEDURES	
Is sampling done by Hospital or <u>Independent Certified lab?</u>	<i>yes</i>
If by Lab, Name of Lab	<i>Accutest Lab, NJ #12129</i>
Are Sampling Hose(s) in Proper Place? (Yes or No)	<i>N/A</i>
SAMPLE PRESERVATION	
Oil & Grease - H ₂ SO ₄ to pH < 2.0?	<i>yes</i>
Heavy Metals - HNO ₃ to pH < 2.0?	<i>yes</i>
Refrigerated Sampler? - (<u>Yes</u> or No)	
Type of Sample:	Outlet #: <i>1 / #2 / #3</i>
Composite: <i>yes</i>	
Grab:	
Analyses Required:	
TSS:	<i>yes</i>
BOD:	<i>yes</i>
pH:	<i>yes</i>
Other:	<i>none</i>
Does the Hospital's Sampling and Monitoring Procedure Match the Permit Requirements? <i>yes</i>	

WATER SOURCE AND USE
Raw Water Sources:
Public Water Supply: <i>City of Newark</i>
Private Well(s): <i>none</i>
Surface Water: <i>none</i>
Are these sources metered? (<u>Yes</u> or No)
Is there a calibration schedule for the meter? (Yes or <u>No</u>)
Size of Air Conditioning Units? <i>1 unit 200 tons</i>
If applicable, how is Evaporation Calculated for those Units? <i>see attached</i>
Average Daily Water Use: <i>32,000 gpd</i>
of Boilers: <i>2</i>

WATER SOURCE AND USE - CONTINUED	
Average Daily Boiler Blowdown:	
# of Cooling Towers:	
Average Daily Blowdown: <i>n/a</i>	
Are there any deionization or demineralization units? <i>water softener</i>	
Where does the Regeneration Water go? <i>outlet #2</i>	
TOXIC ORGANICS MANAGEMENT	
Are Solvents Present? (Yes or <u>No</u>)	If Yes, List:
Are the Organics Stored in the Area Safeguard against Spills reaching the Sewer? (Yes or No) <i>n/a</i>	
RADIOACTIVE WASTE	
Is there any Radioactive Waste from Radiology Department?	
How is it Disposed of? <i>yes</i>	
<i>manifested off site then cycle</i>	
SLUDGE HAZARDOUS WASTE HANDLING	
Company: <i>n/a</i>	
Frequency of Pick Up: <i>n/a</i>	
Permit #: <i>n/a</i>	
POLLUTION EQUIPMENT	
Does Hospital have any Scrubbers? <i>NO</i>	
If yes, what is the pollutant removed? <i>n/a</i>	
Describe how they work? <i>n/a</i>	
What Outlet is Scrubber Water Discharged to? <i>n/a</i>	
Does the Hospital have an incinerator? <i>NO</i>	
What is Burned? <i>n/a</i>	
What is done with the Ash? <i>n/a</i>	
Incinerator Permit #: <i>n/a</i>	
Does the Hospital decontaminate needles, sharps, or other infectious waste? <i>yes</i>	
Where does the effluent go? <i>manifested off site then cycle</i>	

INFORMATION FURNISHED BY	
Hospital Representative:	<i>Charles Field</i>
Title:	<i>Director</i>
ANALYTICAL INSTRUMENTS RECOMMENDED	
Portable Samplers:	<i>NO</i>
Manual Samplers	<i>NO</i>
pH Recorder:	<i>NO</i>
Comments:	
INSPECTOR:	
Name:	<i>Andrew Soltis</i>
Title:	<i>Inspector I</i>
Signature:	<i>Andrew Soltis</i>
INSPECTOR:	
Name:	
Title:	
Signature:	
Prepared by:	<i>[Signature]</i>
Reviewed by:	<i>[Signature]</i>
Date Review Complete:	<i>4/10/06</i>
Signature of Review:	

**Water Meter Readings at Saint James Hospital
September 2005**

	<u>New Reading</u>	<u>Old Reading</u>	<u>Change</u>
Water Meter	18629200	18494400	134800 ft ³

Monthly Water Usage = 134,800 ft³

Monthly Water Usage :

134,800 ft³ X 7.48 gallons

Monthly Water Usage = 1,008,304 gallons

Monthly Discharge:

1,008,304 — 187,886.6 gallons (evaporation credit)

Monthly Discharge = 820,417.4 gallons

Attached also please find the Cooling Tower Evaporation Monthly Worksheet and handwritten water meter readings.

JEFFERSON ST.

MAIN Entrance

ST. JAMES HOSPITAL

ELM ST.

Exhibit "A" sampling point

6" sanitary line

Pharmacy

Exhibit "A" sampling point

5" sanitary line

CONGRESS ST.

INDUSTRIAL SEWER CONNECTION

Emergency Entrance

NOTE:

Jefferson St. 6" Sanitary Line
Elm St. 6" Sanitary Line
Congress St. 5" Sanitary Line

(Copy sent to P.V.S.C. 5-18-78)